

ISSUE SLIP (for additional forms)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SO	71058	5.12.98
O.I.P.E. CLASSIFIER		16	5.18.98
FORMALITY REVIEW		68418	6.27.98

INDEX OF CLAIMS

Rejected N
 Allowed A
 (Through numeral) Canceled
 Restricted O
 Non-elected
 Interference
 Appeal
 Objected

Claim	Date	Claim	Date	Claim	Date
1		1		1	
2		2		2	
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If more than 150 claims or 10 actions
 staple additional sheet here

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